ı	PATENT APPLICATION FEE DETERMINATION REC									Application or Docket Number $(0/785, 576)$				
ŀ	Effective December 8, 2004								Ľ		18	5,3	16	
I.	KCE	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL	TEV	ЩУ	_	ОТІ	IER THAN	
	TOTAL CLAIMS						7	RAT		FEE	٦Ŭ	R SMA	LL ENTITY	
	FOR			BER FILED	NUM	ABER EXTRA	1	BASIC		395.	য	BASIC		
	TOTAL CHARGEABLE CLAIMS			minus 20=				X\$ 2	7		7	1		
11-	INDEPENDENT CLAIMS			minus 3 =		-	1	X100=			401	1,12		
Ľ	MULTIPLE DEPENDENT CLAIM PR			RESENT			1				-lo	X200	=	
ŀ	* If the difference in column 1 is less than zero, enter "0" in column 2							+180			OF	+360:	=	
ŀ	CLAIMS AS AMENDED - PART II								T 3	95,00	OF			
_	(Column 1) (Column 2) (Column						<u>.</u>	SMAL	L EI	YTTTY	OR		ER THAN L ENTITY	
2	3/28/04	REMAINING	; -	HIGHE NUMB	ER	PRESENT] · [ADDI-	1		ADDI-	
ű S	104	AMENOMEN		PREVIO	OR			RATE		TIONAL FEE		RATE	TIONAL FEE	
AMENDMENTA	Total Independen	1.18	Minus	- 20	2	2		X\$ 25=			OR	X\$50=		
¥	FIRST PAE		Minus MULTIPLE D	PLE DEPENDENT		= Z'		X100=	2	10, ⁶³	OR	X200=		
				El Ellocati (JOUN			+180=	T		OR	+360=	1	
		•					L	TOTA	2 20	0.00	OB.	TOTA		
_	Tal .	(Column 1)	_	(Column		(Column 3)	~4	JUII. FE	- (,	addit. Fei		
AMENDMENT B	1/19/6	REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL	
	Total	1. 18	Minus	<u> - 20</u>		n 🖵	Б	(\$ 25=	T		OR	X\$50=	FEE	
¥	Independent FIRST PRES	ENTATION OF M	Minus	5		= -	1	(100≈	十	1	OR	X200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
							<u> </u>	180=	-	 	DR	+360=		
_		(Column 1)		(Column	2) <i>(</i> (Column 3)	ADE	NT. FEE		<u> </u>	OR A	DOIT. FEE		
		CLAIMS REMAINING AFTER AMENDMENT	. -	HIGHEST NUMBER PREVIOUS	LY	PRESENT EXTRA	B	ATE	AD TIO		Γ	RATE	ADDI: TIONAL	
	Total	•	Minus	PAID FOR	1.		H	•	FE	E: :	·		FEE	
	independent	•	Minus	***	-		LX3	25=		°	R	X\$50=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									0	R	X200-		
HI	he entry in colum	+1	80=		ol Ol	R A	+360=							
	he Highest Nur	ADDE	TOTAL T. FEE			- -	TOTAL DIT. FEE							
m	e "Highest Numi	ber Previously Paid	For (Total or	Independent) is	the hig	, enter "3." phest number fo	und in	the app	roprial	e box in	cotum	n 1,		